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**Sir:**

Transmitted herewith is an amendment in the above-identified application. The fee has been calculated as shown below.

	Claims Remaining After Amendment	-	Highest Number Previously Paid For	=	Number of Extra Claims Present	X	Rate	=	Additional Fee
Total Claims	9	-	20	=	0	X	\$18.00	=	0.00
Independent Claims	3	-	3	=	0	X	\$78.00	=	0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT									0.00

No additional fee is required.

Please charge any additional fees or credit overpayment to Deposit Account Number  
**16-1885.**



Alberta A. Vitale  
Reg. No. 41,520  
Attorney for the Applicants  
Telephone (203) 924-3882

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PITNEY BOWES INC.  
Intellectual Property and  
Technology Law Department  
35 Waterview Drive  
P.O. Box 3000  
Shelton, CT 06484-8000

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**CERTIFICATE OF MAILING**

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Assistant Commissioner for Patents  
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on July 26, 2001  
Date of Deposit

Alberta A. Vitale  
Name of Registered Rep.

  
Signature

July 26, 2001  
Date



Title: IMPROVED METHOD AND APPARATUS FOR THE REMOVE  
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**AMENDMENT TRANSMITTAL LETTER**

Assistant Commissioner for Patents  
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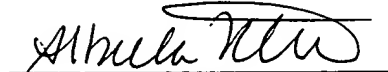
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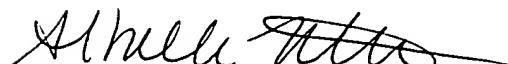
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